					U. S. Pater	App m sad Tpass	met Copes; U.S	me.K	PTOL VII/2002 O RTMENT OF	58/06 (08-00 MER 0651-0032 COMMERCE	
Approved for use through 10/11/7007. OAER 06512 U. S. Pesses and Transment Office; U.S. Person and Transmen										<u>outof usuper</u>	
PATENT APPLICATION FEE DETERMINATION RECORD							10052907				
							OTHER THAN				
CLAIMS AS FILED - PART ((Cohuma 1) (Cohuma 2)						SMAL	LENTITY	OR	SMALL E	אזווץ	
FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		E FEE	1	RATE	FEE	
BASIC FEE		*					:370	OR		s	
TOTAL CLAIMS		16	163 minus 20 =		143		. 1287	OR	xs =		
INDEPENDENT CLAIMS		LENES Z	4 min > -		• /		- 42-	OR	x =		
MALTIPLE DEPENDENT C		DENT CLAIM PA	CLAIM PRESENT (1) CHA CHE		V	•	= 140,-	OR			
e (fine difference le column) in less donn zero, enter V in column 2 TOTAL OR TOTAL											
CLAIMS AS AMENDED - PART II (Column I) (Column I) (Column I)						SMAL	L ENTITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total green likes	.131	Minus	163	=	x \$	- 0	OR OR	13		
	Independent (31 CFR L160))	• 12	Minus .	•••	29	<u> </u>	= 0	1	<u></u>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CTR 1.1446)						6	OR	·		
6/20 (Column 1) (Column 2) (Column 3)				TOTA ADDIT. FE		OR	TOTAL DOIT, FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total profession	. 56	Minus	. 163	=	. 5		OR OR	x 5		
	independent OFOR LINE	• /	Minus	" 3	=	1	-	OR	·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM 07 GRAINGS						-	OR	<u>+</u> •		
(Column I) (Column I) (Column I)						ADDIT. FI		OR	DOTAL DOT. FEE		
		(Cotues 1)	P		,	1	1	1		400	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT, EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q	Total profacied)	•	Minus	••	•	x 5	-	OR OR	x \$		
AMENDMEN	Independent (37 CFE LIAD)	•	Minus	•••	æ	×	-	OR	×=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLADA (1) CFR 1.14(4)					<u> </u>	-	OR	٠٠		
• !!	* If the entry is column 1 is less than the entry in column 2, write "0" is column 3. **If the entry is column 1 is less than the entry in column 2, write "0" is column 3. **ADDIT. FEE ADDIT. FEE ADDIT. FEE										

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Bumber Previously Paid For" IN THIS SPACE is less than 3, enter "21".

*** If the "Highest Bumber Previously Paid For" (Total or Independent) is the highest sember found in the appropriate box in column 1.

The "Highest Humber Previously Paid For" (Total or Independent) is the highest sember found in the appropriate box in column 1.

Burden How Statement: This form is estimated to take 0.7 hours to complete. This will very depending upon the needs of the individual case.

Burden How Statement: This form is estimated to take 0.7 hours to complete this form though the sent to the Child Information Officer, U.S. Pated and Tradement Officer, Washington, DC 20731. DO NOT SEND FEES OR COMPLETED TORMS TO THIS ADDRESS. BEND TO: And sums Commissioner for Patents, Washington, DC 20731.